



SHAHEED BHAGAT SINGH HEALTH EDUCATION & RESEARCH COUNCIL OF INDIA

ADMISSION FORM

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(For Office Use Only)

Form No.....Session.....
ID No.....Enrollment No.....
Registration No.....File No.....



(Please fill the Admission Form in Capital Letters)

Signature Of Applicant

Courses Applied For.....

Course Code.....

Regular: Executive: Part Time:

Applicant Name (As in High School).....

Father's Name.....

Mother's Name.....

Date of Birth: / / (Attach Date of Birth Proof)

Nationality..... Category (SC/ST/OBC/GEN)..... (Attach relevant certificate)

Marital Status: Single Married Gender: Male Female

Address for Correspondence:.....

..... City:..... Pin Code:

Phone No.:..... Mobile No.:.....

Permanent Address:.....

..... City:..... Pin Code:

Phone No.:..... Mobile No.:.....

Father's Contact No.:..... Mother's Contact No.:.....

Email ID1:..... Email ID2:.....

Details of Qualifying Exam

S. No.	Exam Passed	Degree/Diploma	University/Board	Subject	Year Passing	% / CGPA	Division	Remarks
1	Xth							
2	XIIth							
3	Graduation							
4	Post Graduation							
5	Others							

Interest Course

S. No.	Scholarship Course Name	Date	Roll No.	Result Status
1				
2				

Document Attachment

S. No.	Examinations	Original Copies	Attested Copies	Undertaking
1	X (Marksheet/Certificate)			
2	XII (Marksheets/Certificate)			
3	Graduation (Marksheet/Certificate)			
4	Post Graduation (Marksheet/Certificate)			
5	Certificate of Category			
6	Transfer Certificate			
7	Migration Certificate			
8	Domicile Certificate			
9	Others			

Declaration:

I hereby declare that I have read the council Website www.sbsherci.com and understood the condition of eligibility for the Program for which I See admission. I full fill the minimum eligibility criteria and I have provided necessary information in this Regard. In the event of any information being found incorrect or misleading, my candidate shall be liable to cancellation by the council at any time and I shall no be entitled to refund of any fee paid by me to the Shaheed Bhagat Singh Health Education & Research Council of India.

Student Signature:..... Parents Signature:.....

(For Office Use Only)

Fee Received (Rs.):..... In Words: (.....)
 By Cash: Cheque: UPI: Other:
 Accounts officer Signature:..... Name:.....
 Form Checked & Verified By:..... Name:.....
 Office Administrator..... Date:.....